MOBILIZING to Eliminate Tobacco-Related Health Disparities

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Health Disparities Defined

A chain of events signified by a difference in:

- Health status or a particular health outcome

- Environment

- Access to, utilization of, and quality of care

-- Public Health Reports Sept/Oct 2002 Vol 117 Pgs 426-434

"Health inequality" or "Health inequity"

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How the term "Health Disparity" is defined has policy implications*

Factors that Contribute to Health Disparities

- Income and education levels
- Race and ethnicity
- Sexual orientation
- Geographic location
- Disability
- Gender
- Age

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Factors that Contribute to Health Disparities

- **Lack of Parity**
  - Lack of funding and access to health care and other resources
  - Lack of culturally appropriate materials, services and programs
  - Lack of representation by affected groups in planning and decision-making
  - Poor use of community knowledge and experience
  - Lack of productive partnerships

Acceptance of Truths

- "Nowhere are the divisions of race and ethnicity more sharply drawn than in the <u>health</u> of our people…"

  Bill Clinton

  February 21, 1998

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The Evidence

- "The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization," New England Journal of Medicine, February 25, 1999

- "Race, Gender, and Partnership in the Patient-Physician Relationship," The Journal of the American Medical Association, August 11, 1999

- "Racial Injustice in Health Care," Editorial, New England Journal of Medicine, April 6, 2000

- "Unequal Treatment: Confronting Racial & Ethnic Disparities in Health Care," I0M Report to Congress, March 2002

- "An American Health Dilemma – The Causes & Effects of the 'Black Health Deficit' in America," Byrd & Clayton Volume I–2000 Volume II-2002

- "American Journal of Public Health - Racism and Health" February 2003

"Of all the forms of inequality, injustice in health is the most shocking and the most inhumane."

Martin Luther King Jr.

Social Environments and Health

Individuals and families are embedded within social, political, and economic systems that shape behaviors and constrain access to resources necessary to maintain health.

Greater emphasis is needed on public health interventions that involve communities, with the goal of collectively identifying resources, needs and solutions…

-- Institute of Medicine, Health and Behavior 2001

Social Determinants of Health

Social determinants of health refer to societal conditions that affect health and that potentially can be altered by informed action.

- Job opportunities

- Opportunities for education

- Social norms – e.g., racial and ethnic discrimination or social isolation of vulnerable populations

- Housing conditions and exposure to environmental hazards

- Availability of services and access to resources

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THE PATHWAY TO ACTION

Freedom from Discrimination

Promotion of Healthy Behaviors

Access to Health Services

Trust in Health System and Research

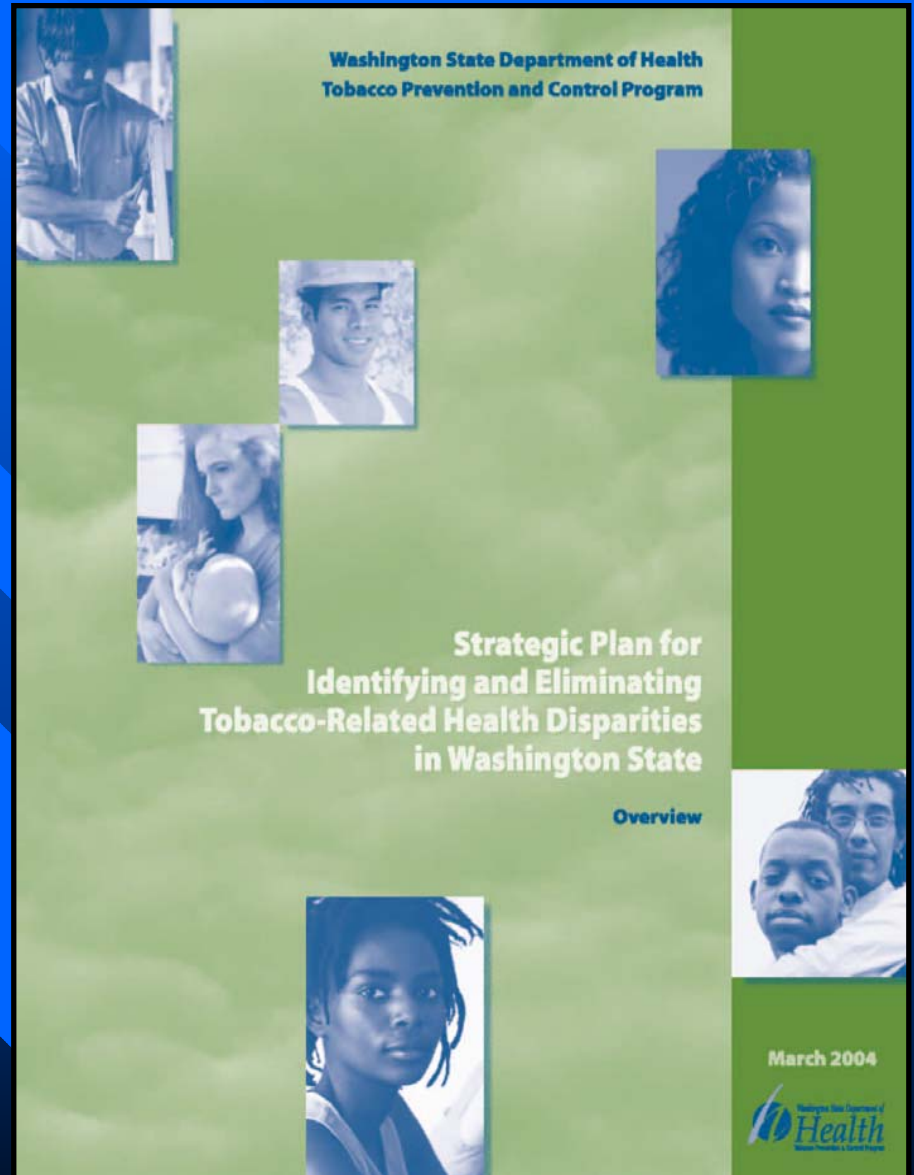Mental Health and Social Support

Reduced Stress Due to Social Factors

Economic Opportunity and Equity

Lower Environmental Risk

Respect for Language and Other Cultural Factors

Educational Opportunity

Defining Tobacco-related Health Disparities

Differences in disease and death rates between high-risk communities and the general population.

These differences result from increased use of tobacco products, marketing by tobacco companies, and limited access to health care and other resources.

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What Data Tells Us

- Among both low and not-low SES groups, Native Americans have the highest smoking prevalence of any race/ethnic group. Nearly 50% of low SES Native Americans smoke cigarettes.

- Korean and Vietnamese men probably have among the highest smoking rates in our state

- Among Latino/Hispanic men, smoking is higher than non-Hispanic whites, while for women only one percent reported smoking

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What the Data Tells Us

- For gay/bisexual men, and lesbian/bisexual women, even among older and more educated people, smoking is about double what it is in the state population.

- African Americans, smoking rates are higher than for non-Hispanic whites, but when you break smoking rates down by income and education levels, they look similar to whites.

What the Data Tells Us

- Asian/Pacific Islander people and Native American people also appear less likely than non-Hispanic whites to be offered support to quit by their healthcare providers

- Although rural tobacco users told us that healthcare providers were advising them to quit, those healthcare providers were less likely than providers in urban or other communities to offer them some kind of support to quit

Six Goals to Address Tobacco-related Health Disparities

1. Sustain commitment
   – Funding
   – Improved assessment
   – Address disparities throughout program
   – Maintain Disparities Advisory Committee

2. Increase community involvement, outreach, and access
   – Building community capacity
   – Training
   – Systems change

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Six Goals in Tobacco Disparities Strategic Plan

3. Increase community awareness
   – Through various public awareness and education activities
   – Teach communities to develop and implement campaign
   – Educating and engaging community leaders

4. Improve cultural sensitivity
   – Identify and implement culturally appropriate and evidence-based strategies
   – Assess cultural competency of program
   – Develop culturally sensitive policies
   – Staff training

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Six Goals in Tobacco Disparities Strategic Plan

5. Provide culturally appropriate materials/services
   – Working with and training community members to develop programs, materials and services

6. Reduce tobacco company influence
   – Community assessments
   – Community education and media literacy training

First Steps

- Disparities Contractors in five communities to guide community-specific activities:
  - African Americans: Center for Multicultural Health
  - Asian-Pacific Islander Americans:
    WA Asian-Pacific Islander Families Against Substance Abuse
  - Latinos/Hispanics: WA Community & Migrant Health Centers)
  - Sexual Minorities (LGBTQ): Verbena
  - Urban Indians: Seattle Indian Health Board

First Steps

- **Training**
  - Develop and conduct Leadership Institute (June 7-10, 2004)
  - First Steps & WIC provider brief intervention training
- **Disparities Webpage (launch April 2004)**
- **Improved assessment**
  - Sexual orientation question added to BRFSS
  - Over-sampling of BRFSS in Latino/Hispanic and African American populations
  - Conducting BRFSS phone survey in Spanish
  - Tribal assessment by NW Portland Area Indian Health Board

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First Steps

- Support DASA efforts to make CD clinics smoke-free and train CD staff in brief intervention

- Support Dept of Corrections efforts to make all state prisons smoke-free

- Worked with Public Health Sea-King to develop targeted posters

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Posters

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MINDSET

"You Cannot Achieve What You Cannot Envision"